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"THE CONNECTION BETWEEN CEPHALIC SYMPTOMS AND
ORGANIC LESIONS, IN CHILDREN."

[Read before the Norfolk (Mass.) District Medical Society,* November 13th, 1861, by B. E. CORTING, M.D.,
of Roxbury.]

In repeating the proposition offered for consideration, it will be noticed that the subjects specified are children; the symptoms given, cephalic; the solution sought, the anatomical conditions or changes which underlie or induce the outward manifestations.

If, then, we find in a child previously healthy the following *reputed* cephalic symptoms, coming on with marked severity and regularity, viz.:—sudden high fever, ushered in, perhaps, by convulsive agitations; a sharp, frequent pulse; irregular respiration; moaning; staring, injected eyeballs; unusual irritability of temper; great apparent headache, increased by motion, the patient steadying the head by the hands; piercing cries, as of severe and darting pain; great sensitiveness to noise and light; strabismus, or unsteady pupil; great restlessness; twitchings of the face and muscles generally; frequent vomiting, without pain or tenderness in abdomen, often without apparent nausea, and without subsequent relief; constipation, more or less obstinate—if we find such a general combination of symptoms, we may have good reason to infer that they are connected with an inflammatory process going on within the cranium, that the pia mater is the principal seat of this inflammation—constituting the disease usually called by the latest writers ACUTE MENINGITIS; and we may also infer that this inflammatory process is accompanied, in the membrane involved, by redness, fulness even to swelling (congestion, so-called)—at first dryness, and then exudatory moisture.

And furthermore, if the disease continues to increase, and (not brought to a rapid termination in severe convulsions) goes on,

* It is customary in this Society to propose questions for discussion, and to appoint members (in alphabetical order) to open the discussion by written papers. The following was written in obedience to such a call. Without any special pretensions to originality, the writer, in expressing his own opinions, has not hesitated to avail himself of whatever suited his purpose from others—Reynolds, Wilks, &c. &c.

with varied and irregular intermissions, to loss of perception; paralysis; general muscular relaxation; dilated pupil; stertorous breathing; feeble, fluttering, intermittent pulse; sunken face; retracted abdomen; involuntary discharges; general prostration, and death—a *post-mortem* examination will show the cerebral membranes more or less intensely injected, but smooth or not granular; the surface of the brain covered in part, or whole, with lymph originating from the membranes; lymph often purulent, sometimes filling the interspaces or concealing the convolutions by its amount. This lymph is found under the arachnoid, and usually less towards the base of the brain, but in exceptional cases the base seems to have been the seat of the attack, and to be covered with the larger quantity.

Generally little or no change can be discovered in the ventricles, excepting now and then an increased amount of serum. The brain-substance, adjacent to the meningeal inflammation, and evidently disturbed by it as the symptoms indicated, does not always exhibit morbid changes after death. It is sometimes, however, injected or softened. The arachnoid is also occasionally affected, presenting a dry or sticky surface.

This disease is rare. A general practitioner is not likely to see, in his own practice, more than one or two cases in a lifetime. West, with all the advantages of a hospital and a specialty, saw but *seven*, and these were all fatal. The duration of the disease is short—it may be not more than three or four days.

If now, on the other hand, we find in a child of previously unhealthy tendencies, cephalic symptoms somewhat similar to those just enumerated, except, perhaps, that besides being less abrupt and violent in their onset, they are less rapid in their progress—having been preceded for some time by slight febrile disturbances, dull pain in the head, giddiness, uncertain or staggering walk, restlessness, peevishness and the like, most or all of these so slight, perhaps, as to have scarcely attracted a passing notice—if, with such antecedents, we find obstinate and unprovoked vomiting, constipation, often a short hacking cough—more or less of these symptoms intermitting at irregular intervals, and recurring with increased severity, with greater pain, wandering delirium, drowsiness, &c.—from intolerance of disturbance to loss of perception, convulsions, hemiplegia, and finally general paralysis—accompanied by a rapid, declining pulse, cold extremities, and at last *death*; if we find such a series progressing in a child which has in itself or through its progenitors a tendency to scrofula, tubercular formations, or other kindred debilitating affections, we may be quite sure that we have to deal with TUBERCULAR MENINGITIS; and that the cephalic symptoms exhibited, whether simple or complicated, arise from the development and growth of tubercular disease in the meninges, communicating a disturbing influence to the cerebral substance.

After death there will be found, in a large majority of cases,

lymph at the base of the brain, always tubercles in the pia mater, serous effusion in the ventricles, in a greater degree than in the previously described affection; accompanied usually, though not always, by some perceptible softening or other morbid condition in the adjacent portions of the cerebral substance itself. Oftentimes confirmed tubercular deposits in other organs, especially the lungs, leave no doubt of the true character of the disease.

The duration of the disease is generally two or three, or more, weeks after the symptoms are well confirmed. It is not an unfrequent disease. Every physician is liable to meet with one or more cases every year of his practice. And from what has been said, it may be inferred that it seldom if ever occurs as a primary affection; and that it must of necessity, usually if not always, have a fatal termination.

This is the disease which Whytt (who a hundred years ago gave a very graphic description of it) called *hydrocephalus internus*, from an occasional though by no means constant result of its inflammatory action. He was not so unphilosophical as to give it the absurd title of *acute hydrocephalus*, which has been attributed to him.

Tubercular meningitis is the most common and well-marked encephalic disease in children, and such are the connections between its symptoms and the lesions which observation has revealed.

It is not uncommon for authors to call the diseases we have described meningitis and arachnitis indiscriminately, and to speak of the latter as a frequent affection, but it is our belief that *arachnitis*, uncomplicated, that is, a simple primary inflammation of the arachnoid membrane, is a very rare disease—so rare that some of our most experienced pathologists have never seen a case of it. Whenever adjacent inflammation extends to the arachnoid, it seldom produces any other perceptible lesion than a little greasy or sticky feeling on its surface; and the connection of such lesion with pre-existing symptoms is so obscure or so slight as to be of little practical importance. In general those affections of the arachnoid, which become of clinical importance, arise from disease, or external injury, of the dura mater, and are to be studied in connection therewith.

INFLAMMATION OF THE DURA MATER, so far as known, is a result of injury or disease externally affecting the bony structures of the head.

CEREBRITIS.—The "cephalic" symptoms usually ascribed to this affection are dull headache, vertigo, numbness, confusion of thought, defective muscular motion, silliness or want of expression, impaired speech, partial or general paralysis, obscure or partial convulsive movements, rigidity, &c. When such symptoms occur either by themselves or in connection with any other affection (meningitis, for instance) there is thought to be reason to suspect more or less active inflammation of the brain, and that

its substance will be found after death in a disorganized or softened state. But such anticipations are not always confirmed.

CONGESTION—an early anatomical condition of meningitis—when existing by itself (if ever) may exhibit more transitory symptoms than a confirmed disease. There may be, perchance, less vomiting. Constipation may be accidental. Full pulse and other signs of plethora may be present; and, in general, the obscure indications of congestion may not unfrequently be referred to a distant and perhaps far different affection. But we must not expect tangible *post-mortem* proofs of congestion, as, from the nature of the case, our evidence of its previous existence must be mostly clinical. Dr. Gooch has given evidence to prove that heaviness of the head, and *drowsiness*, attributed “inveterately” to congestion, really depended, in his cases, upon a deficiency of nervous energy; also, that the state of the eye (dilated, motionless) resembling that resulting from *effusion*, as supposed, was in reality due to a deficiency in the circulation of the brain. Marshall Hall and Abercrombie have also described such anæmic cases, arising from derangements of the digestive organs.

EFFUSION, sometimes called *chronic hydrocephalus* when long a prominent symptom, can hardly be called an organic lesion, although often spoken of as such, but rather the result of a number of various and even opposite pathological conditions. Though the morbid change may be too slight or too obscure to be demonstrated after death in the parts containing the effused liquid, still simple *passive exudation* unpreceded by some such change, is hardly supposable, even on the loosest theory of functional derangement only. As effusion into the chest is now ascribed to previous latent disease, however slight and unobservable its symptoms, so encephalic exudation must have a similar origin, though its occasion may be in a distant locality. Moreover, effusion is often only an attendant upon a moribund state—a mere closing up, it may be, of some remote affection (cholera infantum, for instance)—a mortuary result, not a previous complication.

Special symptoms as indications of specific organic conditions are, we fear, hardly worthy of the reliance often placed in them. *Dilated pupil* as an evidence of effusion; *contracted*, when fluid exists in large quantities at the base of the brain, or into the pons Varolii, are states not permanent in the same individual case, but often alternate from unknown or very slight causes. The *half-closed eye*, covered where exposed with mucoid film, thought by some to be a reliable diagnostic of disease of the brain, we recently found wholly delusive in a very marked instance.

Hemiplegia may depend, as asserted, upon a greater softening, or disorganized condition of one side of the cerebrum than the other, but every one, who has tried to prove this, will acknowledge the difficulty.

Paralysis may probably be attributed, with reason, to the giv-

ing way of the central portions of the brain, as is generally supposed.

Convulsions, on the contrary, are said to have their origin in causes affecting the surface of the brain; but their causes, various and apparently dissimilar as they often appear, may nevertheless produce similar cerebral disturbances, either through direct or reflex movements in the nervous system.

CONVULSIONS are striking symptoms—symptoms only—of diseased changes taking place, perhaps within the cranium near the seat of their origin, or in other and possibly very distant parts of the body. Whatever may be the part of the acting nervous material of the brain-substance, which under an influence we will call cerebral disturbance, for want of a better term, gives rise to convulsive agitations, it is not unlikely that this peculiar disturbance is brought about whenever any disease is accompanied by convulsions. To this disturbance, and not to any organic lesion necessarily connected with the disease in question, whether such disease be near the brain or far from it, we must ascribe these convulsions. Thus may be accounted for, not unphilosophically, the convulsive movements occurring in gastritic as well as in meningitic diseases, and the fact also that these movements are not uniformly nor necessarily attendant upon any of such diseases. Thus, too, may be explained the temporary or paroxysmal characters of convulsions generally.

Taking such views, and remembering the greater nervous development and susceptibility in children than in adults, we may understand why a disorder or a disease, which in adults would ordinarily be ushered in by *rigors*, may commence in children with convulsions—the convulsions as well as the rigors not indicating the disease, but only the coming on of some affection to be thenceafter made apparent.

So, also, when in the course of any disease, an increase or metastasis is taking place, and we have in adults a repeated rigor or marked delirium, we may expect in children an onset or recurrence of convulsions.

In all cases the convulsions must be considered as consequences of a disturbance in the acting material of the brain, and not the cause of the incoming, changing or rapidly increasing severity of the disease. In the one case they warn us to look out for an approaching or newly-arrived evil, of slight or serious character it may be; while in the other, in the course of any disease, they generally announce impending danger, not from themselves merely, but from an increase, or unfavorable advance, or complication of the affection then in progress.

Of the number and variety of the diseases or morbid conditions which induce or are accompanied by *convulsions*, every one in active practice must have had sufficient experience.

Finally and generally, as the functions of the brain must depend

essentially upon the peculiarities of the cerebral structure and not upon the membranes, any derangement of function implies a primary or secondary change in the acting nervous material itself. This change may not be any the less organic because we cannot discover it after death; but we should not forget that the symptoms of such change, cerebral symptoms, are not due, as essential elements, to affections or organic lesions in other textures, however near or distant they may be. Inflammations or diseases of the investing membranes of the brain itself may exist without inducing cerebral symptoms, but the connection between the meninges and the brain-substance is so intimate, and their integrity so important, that disease in them is probably more likely to prove the occasion of cerebral derangements, though such are as truly secondary as when arising from other and remoter affections.

DR. COALE'S ESSAY ON ANEURISM.

(TREATMENT.—Continued from page 389.)

Manipulations.—Next in order of means applied to the tumor, is one which we believe was never used systematically and methodically at least, until a few years since. It is founded upon the peculiar nature of the contents of the aneurismal sac—the concentric layers of fibrine. It has been found that occasionally one or more of these layers have become detached, and, carried by the current or by gravity to the portion of the sac farthest from the heart, have stopped up the exit from its cavity.

This condition favoring the coagulation of the blood within, a cure of the disease has thus been spontaneously effected. Manipulation has been practised with a view of bringing about the same end in the same way. It consists in pressing or kneading the tumor in such a manner as to detach the layers of fibrine, or break portions of them loose, and then direct them to the distal end of the cavity, so that they may arrest the current through the sac. This proceeding was first devised and carried into execution by Mr. Fergusson. He had, after conceiving the idea, looked for some years for a case in which manipulation, according to his views, would be the best resort, when, in February, 1852, a case of aneurism of the subclavian, outside of the scaleni muscles, came under his notice, which seemed to be a fair one for the trial. His description of the operation and its result is as follows:—

“The flat point of the thumb was laid on the aneurism, which was about the size of a hen's egg, and when the sac was emptied of fluid blood, the lower surface and supposed contents were rubbed against each other. The pulse, which was carefully examined, was immediately arrested in all the vessels below the aneurism, and the patient became faint and giddy. In six or seven hours

the pulsations returned, but the operator repeated the manipulations the next day, with a similar but non-lasting effect upon the circulation in the arm; for it was not for seven or eight days that circulation could be detected in the fore-arm. The tumor gradually diminished in size and in force of pulsation, and various indications, particularly the gradual enlargement of a branch of the subclavian artery, * * * gave every hope that a cure was in progress." The man, seven months afterwards, "had had a feverish attack, accompanied with excruciating pain in the tumor, and died after a few days' illness. The axillary artery was found blocked up, but the tumor had extended in the direction of the axillary plexus and given way."

Another case,* very analogous, was treated in the same way a short time after, and the tumor disappeared between the twenty-second and twenty-fourth month after the manipulations.

The next trial of this method we find on record is made by Mr. Robert Little, of Lifford. The patient, aged 53, entered the hospital October 6th, 1855, with an aneurism of the right subclavian the size of a large goose egg, "occupying nearly the entire extent of the supra-clavicular region, extending from the clavicular attachment of the sterno-cleido-mastoid to the acromial end of the clavicle." The first symptom he had of it was in the previous March. It was soft and compressible, and red, and somewhat inflamed on the surface. It was treated with ice, and the patient with sedatives and bleeding. "Manipulation was commenced on the first of January, 1856, by making gentle but steady pressure with the thumbs alternately over the aneurismal sac. This displaced some of the coagula, which were then directed to the distal end of the artery. No other local treatment was adopted, but he was ordered the persesquinitrate of iron internally. For the first two days, no change was perceptible either in the tumor or the arm, but on the third day the pulse was manifestly weaker, and the arm somewhat colder than the opposite one. These symptoms gradually increased up to the tenth day after the manipulation of the sac, when no pulsation could be felt in either radial, brachial, or axillary arteries." "The tumor had become more solid, and the bruit and pulsation both diminished." The arm became paralyzed and wasted. In March, pulsation having ceased, pressure was applied over the tumor. In November, it was not more than one third of its original size; the arm had regained its temperature, though it was feeble, and a slight pulsation could be felt in the radial artery. In March, 1857, the tumor was the size of a walnut. Sensation and motion were both restored to the arm. Altogether, this is a most interesting case—hopeless with any other remedy—unpromising in the extreme for manipulation from its size and situation; yet the cure was thorough and entire.†

* London Lancet, November 15th, 1856, page 539.

† Medical Times and Gazette, May 23d, 1857, page 598.

A third case is given by Mr. Thomas P. Teale (in the *Medical Times and Gazette*, March 12th, 1859, page 265), of Leeds. The patient was aged 48. The aneurism (popliteal) had existed three months—was as large as a lemon. On the 14th of November, Mr. Teale manipulated the tumor, freely kneading it in various directions. In an hour and a half it had ceased to pulsate, and had become a solid mass. On the 26th he left the Hospital, cured. The relation of this case is more interesting from the comments and cautions appended to it. Mr. Teale, in speaking to his students, warns them against attempting to use this method in aneurisms of the carotid and innominata, as with these, a small portion of fibrine might be detached and carried with the current to the brain, and there produce paralysis or other serious mischief. In illustration, he mentions a case of doubtful aneurism, examined at a consultation in 1847. The patient was a middle-aged woman, in good health in other respects. She was seated in a chair while the tumor was examined, and suddenly became pale and slid off. On being raised she was found hemiplegic, and after lingering a few weeks, died. He had no doubt that death was caused by a piece of fibrine obstructing the circulation of a portion of the brain, and, in confirmation of this opinion, refers to a paper of Dr. Kirke's, published in the *Medico-Chirurgical Transactions* for 1854, upon the effects of such obstructions and interruptions to the cerebral circulation. Dr. Kirke's paper we have not seen.

These four cases, we think, fully exhibit the nature and availability of this operation. We can readily mark the cases where it would be unadvisable to use it. When the sac is very thin, and about to yield; when it is in a state of inflammation; when it is largely affected with atheromatous deposit, making it friable and liable to rupture—conditions which we conceive, in almost every instance, can readily be detected—manipulation should not be tried. When these or other objections do not exist, we cannot but think that it is one of the most valuable remedies that we possess, in the treatment of aneurism. When judiciously and carefully used, it could scarcely do harm—at most, the danger from it which we should look for, would be inflammation, for which we have ready, appropriate, and efficient treatment; and its use, if unsuccessful, does not preclude a resort to any other operation which might have been advisable before the trial of manipulation.

Considering it an axiom that, chances of success being equal, an operation in which there is no resort to the knife is immeasurably superior to one in which there is, we do not make any comparison between manipulation and the ligature. Contrasting it with galvanopuncture, it is more simple, less painful, and its effects more controllable. It is more speedy in its results than compression, either of the tumor or the artery, and does not require such nice and prolonged management as these do; besides which, its use is unattended by the violent pain so often experienced in the appli-

cation of compression. On the whole, we rank manipulation very highly amongst our remedies for aneurism, and we regret we cannot give fuller accounts of its use, and a statistical exhibition of results from it. The only additional matter that our Journals yield us on the subject, is a discussion before the Royal Medical and Chirurgical Society, held November 11th, 1856, reported in the *Medical Times and Gazette* for that month. Mr. Fergusson read a paper explaining the nature of the operation, and what he thought it promised. Much conversation occurred, and many inquiries were made. Mr. Fergusson said, apart from the risk of bursting, (a very serious one, it seems to us), he did not see why a large aneurism should not be manipulated as well as a small one. A very small one would not promise well, because it might not contain any fibrine. The objections made by other members, were those which we have already indicated, and most were frankly acknowledged by Mr Fergusson, who, while rationally appreciative of all the advantages of this method, is evidently not blinded by enthusiasm to its defects.

Caustics Applied to the Sac.—We have but one case, and that of course a successful one, to authorize us to consider the above among the available remedies for aneurism. It seems, however, that it held out some advantages which might serve when other resorts were forbidden, and we therefore state it. It is related by M. Bonnet, of Lyons. The patient was 25 years of age, and had a traumatic aneurism of the left subclavian. The tumor was rapidly enlarging, and the application of a ligature between the inner border of the scaleni and the aorta, was deemed by M. Bonnet and his colleagues too difficult and dangerous; galvanopuncture seemed also forbidden, "because it was impossible to suspend, even for a moment, the pulsations and the bruit de souffle in the aneurismal pouch," an objection of which we must say we do not see the force. Injections had not then been tried, and the proximity to the heart would, in all probability, have prohibited them. Cauterization was determined on. An eschar was produced in the centre of the tumor by chloride of zinc. Every two or three days M. Bonnet removed, with a bistoury, the superficial layers of the slough, and the applications of the paste were continued for five weeks, penetrating and extending its effects daily. On the 14th day the pulsations and the bruit de souffle ceased; at the end of the second month the eschar began to detach itself without any hæmorrhage. The clot came away with the eschar.

M. Bonnet says he was induced to employ this escharotic in the manner above described, from having noticed its property of causing coagulation of the blood, and having tried it fairly, and with great success, in the treatment of varicose veins. He suggests its application also to cases of aneurism by anastomosis.

The above case of cure of a very formidable aneurism, by chloride of zinc externally applied, seems to be stated plainly, and

without prejudice, and no untoward circumstances are mentioned, and we must therefore suppose none attended it. The progress towards recovery seems to have been steady, and without drawback. The success was perfect.

All this entitles the project to an attention at least, and although we do not think it necessary to expatiate upon its advantages or defects, nor make comparisons between it and other methods of cure, we claim for it a place among those remedies which we are entitled to use by their freedom from danger, and their efficiency, in the treatment of aneurism; at least, until further trials develop some defect in it.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

Nov. 11th. *Quackery; a portion of the Kidney of some Animal presented to a Patient as a Tumor removed from her Uterus.*—The specimen, shown by Dr. ELLIS, was sent by Dr. J. E. BLAKE, of Middletown, Conn. He received it from a woman, who complained of various uterine troubles. The husband had much to say about a wonderful operation, which, he alleged, had been performed upon his wife by a "clairvoyant doctor" at Hartford. He stated that the last-mentioned individual had, in his presence, removed from his wife a tumor, using for this purpose nothing but "probes and hooks." He admitted, however, that his wife was no better. There was a viscid, sanious discharge from the os uteri, and the cervix was somewhat congested. Above, and a little to the right of the pubes, was a distinct induration. Notwithstanding the persistence of this enlargement, the woman was very confident that the *soi-disant* doctor removed the tumor, which she exhibited. This, to the naked eye, was perhaps three inches in diameter, of a red color, smooth and rounded over a portion of the surface, and elsewhere broken, evidently a part of some larger body, and probably a kidney. On microscopic examination, the probability became a certainty, as well-marked tubuli were everywhere seen.

Nov. 11th. *Cancer of the Foot in a Child; termination of the case reported Nov. 21st, 1860.*—Dr. MORLAND stated that the boy whose leg he removed for cancerous disease of the foot, November 21st, 1860, died of rapid phthisis on the 25th of October, 1861. Since the operation, the patient had been removed to South Boston; and, when ill, was carefully attended by Dr. Robert Provan. Dr. P. states that, "about three months previous to his death, he was observed to have a slight cough, and he complained somewhat of his chest being sore; but he continued at school and at play, as usual. The cough, however, became more severe, and the sputa more abundant." Shortly after the period to which this report refers, Dr. Morland saw him by request, and found him far advanced in phthisis. The progress of the disease had been very rapid. Until within a few weeks of his death he had been ruddy, active and in good flesh. He was confined to the house only three weeks. Nearly one year of life had thus seemingly

been added to his existence by the operation. With the pre-existing disease he could not have long survived.

The most urgent solicitation failed to obtain a *post-mortem* examination; which was especially desired in order to ascertain if there were any cancerous disease of the lungs. The stump of the amputated limb remained perfectly healthy.

Nov. 25th. *Stricture of the Œsophagus*.—Dr. ELLIS showed the specimen. The patient had been under the care of Dr. J. BIGELOW. She was about 65 years old. She had suffered for more than a year with dysphagia, of which the most remarkable feature was its intermittent and paroxysmal character, sometimes allowing deglutition to be performed with ease for weeks, and at other times rendering it nearly or quite impossible. She was of a nervous temperament, and suffered much from sleeplessness. During the last weeks she vomited often considerable quantities of thick fluid, like mucus, seemingly from the *œsophagus*. She died apparently from inanition, having swallowed nothing for many days.

A little below the middle of the *œsophagus* was a firm white growth, which entirely surrounded the part, and nearly closed the passage. It was perhaps two inches in length, and from a quarter to a third of an inch in thickness. The coats had disappeared over the thickest portion, perhaps half an inch in length, the disease having apparently extended from below upward, as the mucous membrane was still entire over the greater part, and the muscular layer was thickened and striated where the disease lay beneath. The latter had cropped out, as it were, in the centre, through the coats of the part. Beneath the mucous membrane above the principal disease, were several small, firm, white formations, of a similar character, and a small ulcer with a white base. No sign of inflammation around the disease, which was, however, closely adherent to the trachea, at its bifurcation. A superficial portion of it was probably involved.

Just above the pancreas was a firm, whitish nodule, similar to the growth around the *œsophagus*, perhaps an inch or more in diameter, but so surrounded by fat that it appeared much larger.

On microscopic examination, the general appearance of the growth about the *œsophagus* was fibrous, but a few indistinct nuclei were seen even in these portions, and became very distinct on the addition of acetic acid. A small, and apparently more recent portion, beneath the mucous membrane, contained well-marked nuclei, not very large, but with comparatively large nucleoli, which resembled very closely those of the most undoubtedly malignant growths. The mass above the pancreas was mostly fibrous, but some small nuclei were seen, like those found in glandular structures.

The stomach was very much contracted, but, in other respects, normal. Liver normal. The gall-bladder contained a thick, viscid, yellow liquid, and four calculi, three of them upwards of half an inch in diameter. One was impacted at the commencement of the duct. The lining membrane of the bladder was thick, white, rugous, and had entirely lost its villous character. In the wall of the uterus, projecting above the internal surface, was a round body, as large as a pea, apparently a fibrous tumor converted into a cretaceous substance.

Other organs normal.

Nov. 24th. *Abscess of the Prostate*.—Dr. ELLIS showed the specimen, which came from a patient of Dr. CABOT, who said the case had

been interesting to him from its general character, and from the fact that he had been inclined to regard it as one of malignant disease, seated between the bladder and rectum, though no tumor was ever discovered. The patient was a man about 50 years old. Two years ago an ulcer formed on the leg, which was accompanied by an unusual amount of pain, and was treated as an irritable ulcer. It healed rapidly, but the pain increased, and followed the course of the sciatic nerve. Difficult micturition soon followed. The use of the catheter caused some, but not an undue amount of pain. Then a dysenteric condition of the rectal discharges came on—bloody mucus, alternating with constipation. For the pain Dr. Cabot employed subcutaneous injections of a solution of bimeconate of morphia, an English preparation, the strength of which he did not exactly know. A fourth of a drachm at first gave entire relief for twenty-four hours, then for forty-eight, for seventy-two, and for ninety-six hours. After this, the period of relief shortening, the amount injected was increased up to a drachm and a half and two drachms, with only eight hours' relief. The pain then radiated along the course of the costal and dorsal nerves, and soon after, the trouble in the rectum and bladder increased, with copious purulent and bloody discharges from both rectum and bladder. The bladder was inflamed and sacculated. The disease lasted for about twenty months.

In the lower part of the prostate, or in the cellular tissue just external to it, was an abscess, perhaps an inch in diameter, filled with pus. The substance of the prostate above this had a spongy, reticulated appearance, and was also filled with pus. The bladder was contracted. The ureters and pelvis of the kidneys were dilated. Some yellow, caseous-looking material was seen in limited portions of the kidneys, resembling what is seen after an inflammatory process.

Other organs normal.

Nov. 25th. *Compression of the Cerebellum and Medulla Oblongata by a Fibro-Plastic Tumor.*—The specimen was shown by Dr. ELLIS, who gave the following history of the case, from notes furnished by the attending physician, Dr. J. F. Gould, of South Boston.

The patient was an American, 45 years of age, married; a carpenter by trade. About 20 years ago he was run over by a fire-engine, and wounded in the frontal region. Since that time he had been subject to headache, but was, in other respects, well, until February, 1859, when the pain became very severe in the left occipital region, and extended upward from this point. Since that time has been subject to spasmodic action of the limbs and mouth, the left angle of the latter being acted on. In March, 1861, he had what was considered an attack of apoplexy; on the 8th of April a second, another on the 13th of August, and a fourth, which terminated his life, on the 12th of September. In these there was rigidity, sometimes frothing at the mouth, and complete unconsciousness. When consciousness returned he would remain stupid for some time, and experience some difficulty in articulating. In March, 1860, the left side, including the face, became paralyzed, and continued so. This was followed by a diminution in the size of the limbs. The right side afterwards became somewhat affected in a similar manner. He was able, after some effort, to carry a cup of tea or a piece of bread to his mouth, but could not use a knife or fork. The appetite was "voracious," meat of all kinds being taken in large quantities, without the fat. He did

not, however, eat potatoes, or even wish to see them in the house, until the day before his death, when he ate nearly two quarts for dinner. The food would, at times, collect in the fauces, and work out of the mouth during mastication. An hour after eating he complained of fulness in the epigastrium, and drowsiness, and yet five minutes after a meal he would desire more food. He seldom used water, but would drink from four to five cups of tea, three times a day. He at times had two large dejections daily, of natural consistence, dark-brown, and of a sickish, oppressive odor. At other times he would pass a week without a dejection. Within the last four months, he had, perhaps, thirty involuntary discharges. The quantity of urine varied from less than half a pint to more than two pints, in twenty-four hours. It was of a dark-brown color, of the same odor as the feces and passed three or four times, daily, without straining or pain, while he rested on his knees; the linen was stained by it. Since March, 1861, there were usually two involuntary discharges each week. The sexual appetite was strong, and very frequently indulged. The pulse was slow, but full and strong. The skin was everywhere rough, and the extremities so cold that flannel was constantly worn during the last year. The sight began to fail in March, 1861, and by August he was totally blind. The dilated pupil was a quarter of an inch in diameter. Some deafness since an attack of scarlatina, in 1844, but more marked since March, 1861, and at times total. All things tasted alike. The sense of smell failed during the last three months of life, but, on the day of his death, at noon, it appeared to return, as he expressed himself very strongly in favor of a mutton stew, which was so agreeable to the taste, that he ate nearly two quarts, and thought that he should like three or four. He gave up work in July, 1859, and died on September 12th, 1861.

Autopsy, by Dr. ELLIS.—The arachnoid was dry, and the cerebra convolutions flattened. Between two and three ounces of serum in the lateral ventricles. The septum lucidum was softened.

Beneath the left lobe of the cerebellum and the medulla oblongata was a firm, glistening, whitish tumor, about an inch and a half in diameter. Its structure, to the naked eye, was lobular, but on microscopic examination, it was found to be composed of the small, more or less elongated nuclei and cells which have been described as characteristic of fibro-plastic growths. This was attached to, and apparently originated in the arachnoid or pia mater, delicate filaments of which were divided in its removal. It had flattened and decidedly depressed both the left lobe of the cerebellum and the medulla oblongata, but its exact limits were unfortunately not noticed. The nervous tissue did not appear to have undergone any organic change.

The body generally contained a large amount of blood, and the adipose tissue was abundant.

The thoracic and abdominal organs were healthy.

BOTANICAL SOCIETY OF CANADA.—This Society, we are pleased to observe, still continues its operations with great and unabated vigor. As a proof of the interest taken in it at a distance, we were much gratified by receiving from the indefatigable Secretary, Dr. Lawson, a short time ago, a list of one hundred and thirteen plants, representative of no less than thirty-seven natural families, a donation to the garden from Prof. Asa Gray, of Harvard College, Cambridge, Mass.
—*British American Journal*.

Army Medical Intelligence.

[From our Special Correspondent.]

WASHINGTON, D. C., DEC. 12, 1861.

MESSRS. EDITORS,—I propose in the present letter to give an account of a case of gun-shot wound of the lower jaw, involving great danger, first, from the wound, and, secondly, from pyæmia; but which, from skilful management and the kindness of an overruling Providence, has now passed far beyond danger.

Private A. C., 4th Pennsylvania Cavalry, Co. B, of intemperate habits, and of strong, muscular form. Admitted Oct. 18th, four hours after injury. Wound was still bleeding very rapidly. Extremities were cold, and he was almost pulseless. His brain was dormant, and death seemed inevitable. The wound was received as follows:—He was on horseback, when one with whom he was quarrelling, standing six feet distant from him, discharged the contents of a pistol towards him. The ball passed into the left cheek, an inch from the angle of the mouth, and half an inch above, making a wound half an inch in diameter. Examination with the probe, and also with the finger, revealed extensive comminution of the inferior maxillary bones. The wound was slightly enlarged in order to tie some bleeding vessel, but without success. Stimulants and morphia were given, an abundance of lint placed in the wound, and bleeding was checked.

Oct. 19th.—Pulse 96, and weak. Placed under the influence of ether, and wound was freely examined. The inferior maxillary bone was severely comminuted. An incision was made from, and a little anterior to, the lobe of the ear down to the angle of the jaw, and then along the base of the jaw, extending, in all, four inches. This was done with a view, first, to tie the carotid if necessary, and, secondly, to remove any loose pieces of bone. The facial artery was tied and divided, and seven small pieces of bone were removed. The two last molar teeth were absent. As far as the finger could reach, the carotid was uninjured. The body of the jaw was fractured; the periosteum was, however, attached, and the bone was in apposition. The edges were then brought together with ten sutures and strips of isinglass plaster. The wound made by the ball was trimmed and brought together as carefully as possible. Brandy, beef-tea and morphia were given daily.

20th.—Wound dressed and looking well. Considerable swelling of the whole side of the face.

21st.—Whole side of the face presents the appearance of a contused wound, suppurating through the mouth, with a very offensive smell. Labarague's solution, diluted, ordered as a wash.

23d.—Erysipelas about cheek and eye. Iron given daily. Sutures removed, and also ligatures. Edges of incision had all united, and an opening through was made in the centre.

24th.—Wrist examined, and synovitis was apparent. Limb placed in splints, and an application of iodine made. Large abscess opened on internal malleolus. Face pasty; countenance languid; delirious; profuse vomiting. Evidently has pyæmia.

26th.—Large abscesses opened on wrist, from which a great quantity of pus escaped.

Nov. 9th.—Countenance a little improved. Another abscess open-

ed on thigh, from which a pint of pus was taken. Small one also on eyelid.

11th.—Patient still delirious, and several small abscesses have appeared on different parts of the body.

30th.—Face entirely well. Both wounds healed entirely. Patient feels much better.

Dec. 2d.—An exceedingly large abscess opened on right thigh, from which nearly a quart of pus flowed. Synovitis much better.

8th.—Patient goes about. To-day, walked two miles. No more abscesses. Wrist about the same.

11th.—Patient ready to be discharged as well, except the synovitis of wrist.

Several cases of pyæmia have come under my observation during my stay here, but I know of none so severe as the one I have cited.

H.

HOSPITAL SUPPLIES IN THE ARMY—SANITARY CONDITION OF THE 3d MICHIGAN INFANTRY.

To the Editors of the Boston Medical and Surgical Journal.

I HAVE a correction to make in my letter of 24th ult., as it appears in the JOURNAL of the 5th current. The fault is mine, and I regret my haste in mailing my letter, as that was the cause of my overlooking the matter.

After stating that it generally takes some two weeks to obtain hospital supplies, the following sentence occurs:—"The obvious detriment to the efficiency of medical officers, and even to the health of the men, resulting from the total want of indispensable medicines and hospital supplies, such as quinine and hospital blankets, and the want continuing for such a length of time, requires that some improvement should be made." From this one might understand that we were totally without hospital blankets for two weeks. I meant only that we were without the *fresh* supplies asked for. As to the medicines, there is no correction necessary.

I am happy to state that things are now working better. Our Brigade (Richardson's) is in tolerably good condition. The new tents have been issued, and the men have thereby been encouraged to make improvements in the internal arrangement and cleanliness of their quarters.

The diseases continue of about the same type, but not of so low and sluggish a grade. In hospital and quarters, in the whole Brigade, there are somewhere about 180 on the sick list. Many of these are slight. Our Brigade is composed of the 2d, 3d and 5th Michigan and the New York 37th, an Irish regiment. The sick list of the latter is slight—not generally more than two thirds or even one half of that of the Michigan men. We move, in a day or two, to a place three miles south, where we shall probably go into winter quarters. In our new location there are some buildings which it is intended to convert into a brigade hospital—each regiment having wards of its own. This will be a great improvement, as the medical officers will thereby be thrown more together, and can compare notes and cases. In this way we shall, I hope, have something like a little medical association, where we can contribute to the improvement of each other. This is a point that seems to be too much neglected. The officers of each regiment keep

by themselves, and the medical officers appear to follow the same course pretty generally; whereas the latter ought to endeavor to make the acquaintance of their brother physicians of other regiments. There never were better opportunities for medical consultation, conversation, discussion, and, consequently, improvement, than we have here, where so many are near together, and can associate with each other perfectly untrammelled by the little bickerings and local jealousies which are the bane of local medical societies in civil practice.

As to surgery, there is nothing of it here. A few unimportant gunshot wounds are all that I have seen yet. We shall probably have nothing to report this winter but the ordinary routine of catarrhs, rheumatism, rheumatism, and some pneumonia. Oh yes, one thing I observed during the late cold weather was, that we had quite a number of cases of otalgia, several of them running on into otitis. At the same time, several cases of tonsillitis occurred, some of which are yet on the way.

I fear what I have written is not worth the space required, but you must expect to be "bored" sometimes. The greatest difficulty we have here is to know, at "sick call," whom to excuse and whom to send back to duty. On days of brigade drill or brigade review, the number who come for excuses is nearly doubled; and where they complain of rheumatism in one part or another, it is extremely difficult to decide correctly, particularly where you have to examine and prescribe for from 30 to 50 men in an hour or an hour and a half.

GEO. B. WILLSON,
Late of Port Huron, Mich.

*Camp of 3d Mich. Inf., Richardson's Brig., }
Fort Lyon, Va., Dec. 9th, 1861.*

WE are indebted to the kindness of the Surgeon-General for the following letter from Dr. Derby, Surgeon of the 23d Regiment Massachusetts Volunteers:—

To the Surgeon-General.

{ CAMP ANDREW, NEAR ANNAPOLIS,
Dec. 5th, 1861.

DEAR SIR,—I promised to report the sanitary condition of the Mass. 23d. It is and has been to the present moment exceedingly good. We have all suffered from a degree of cold unusual on the Chesapeake at this season, but the only effect has been to produce catarrhal affections, not often unfitting the men for duty. Our average number in hospital has been but eight. Surgeon's call, at 6½, brings us every day some forty cold and sleepy men, about half of whom are allowed to remain in quarters, excused from duty, and who retire from our tent with tin dippers well filled with flax-seed tea. This is our great expectorant, and has done us good service. A few simple cathartics in addition make up most of the medication required, and the well stored chests with which the State provided us are nearly intact—and long may they remain so.

Small injuries are frequent in camp. We have some to provide for every day.

Our freedom from serious disease I can only ascribe to the general good character and consequent sobriety and cleanliness of the men, and to our sheltered and well-drained camp. We are in a pine wood, not so dense but that the sunlight penetrates it, but quite screened from the piercing winds. The ground is well scored with drains, conduct-

ing away all surface water. We have had not a single case of continued fever or varioloid, and until to-day I might also have said, measles. One case of the latter appeared to-day, and I fear the disease may spread.

The Brigade Surgeon acting for the whole Burnside Division is Dr. Church. He has been absent for more than a week, and two days since I was greatly astonished at the receipt of an order from Headquarters appointing me Medical Director for the Division *pro tem.*, with instructions to immediately organize a general hospital at St. John's College, in Annapolis, and to appoint its medical officers. Instant obedience being the soldier's first duty, I mounted my horse, took possession of a large house in the College grounds, despatched orderlies to Surgeon Otis of the Mass. 27th, Assistant Surgeons Noble (Penn. 51st) and Lathrop (Conn. 8th), and in twenty-four hours (thanks to the untiring energy of Dr. Otis, who entered upon the work with the greatest promptitude and judgment) we had a comfortable hospital, with blazing wood fires in six rooms, and some twenty poor fellows taken from their cold camps and basking in the warmth. More are coming in daily, and I doubt not in a week we shall have a hundred patients.

My other duties require me to report at Headquarters every day at ten, where many discharges and requisitions await my signature.

Our regiment is well manned and officered, harmonious and patriotic. Of my Assistant Surgeon, Dr. Stone, I can only say that he is invaluable.

Always truly yours,

GEO. DERBY,

Surgeon 23d Mass. Vols.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, DECEMBER 19, 1861.

INFORMATION GIVEN TO LIFE INSURANCE COMPANIES.—The following communication is of a nature to interest the profession generally. It is really surprising that business men should expect that physicians will be ready to furnish, at any moment, the information sought for, on which so much depends, *without any remuneration*, and on the requisition it may be of persons who are perfect strangers to them. There is about as much justice in it as there would be in expecting a conveyancer to supply gratuitously to a real estate agent all the information in his possession touching the title of an estate which he has for sale. The cases are strictly parallel, and there is as much reason for one as the other. The practice has grown up, probably, from the proverbial good nature of the profession, who are only too ready to forget that their opinions are worth money, and often more than money, to those who ask them. We hope that as a body our brethren will adopt the course which our correspondent has followed, and decline to furnish the information desired, at any rate without adequate compensation. We fully endorse his views, and think it would not be amiss for the Boston Medical Association to add to its fee-table a charge for this special service. The fee ought to be even larger than that paid

to the medical examiner, for the reason that the information sought for is such as the physician applied to can alone supply, whereas any reliable practitioner is capable of making a satisfactory examination of an applicant for a policy; it should be at least as large as the fee for a consultation, and should be paid by the insurance company.

"QUESTIONS TO BE ANSWERED BY THE FAMILY PHYSICIAN."

To the Editors of the Boston Medical and Surgical Journal.

Such, Messrs. Editors, is the imposing heading of a series of questions, involving possible and impossible answers, presented by agents of life insurance companies to the medical attendant of almost every one whom they wish to add to their list of patrons. The agents complacently tell the physician that "it will take but a moment," that "he certainly can have no objection to stating what he knows about his patient, especially as the latter wishes it," that "it is not necessary to be very particular," and much more to the same effect. Yet the physician is asked to describe the person of the applicant; to give not only his morbid tendencies, but those of his parents, brothers and sisters; to recount the diseases he may have had *at any time*; to state the ordinary or average rate and other qualities of the pulse, the stethoscopic characters of the respiration, and the heart's action; to set forth hereditary predispositions, present health, habits, constitution; and, finally, to record an opinion, which may injure while it cannot increase professional reputation, as to the party's prospect for longevity, and the company's risk in insuring him. These and similar interrogatories, which cannot be answered with any approach to fidelity, without much care and time, are placed before the medical attendant, and he is expected to reply at once, without the least hesitation or scruple; and much surprise is manifested if he stops a moment to inquire into his own responsibilities in the case, or the claims of those making the demand.

The writer has been in the habit of declining to answer such questions altogether. In this he has had the countenance of some medical examiners; and he now hopes for the support of this JOURNAL and the profession in a practice which he thinks ought to become general. The following are some of the reasons which have influenced him in the course he has pursued.

The family physician, by answering such questions, virtually makes himself an agent of the Insurance Company, and if they are induced, by any inadvertence, error, or design of his, to assume an improper risk, however great may be the ultimate damage to the physician, the Company cannot escape thereby the payment of the amount insured. This is the legal aspect of the case. It is not altered by the applicant's wish to have the questions answered, since he only follows the directions of the Company.

As business men, the Company ought not to expect that a physician, having no interest in their enterprise, will, for their exclusive benefit, voluntarily seek out and disclose to them, or put on record—the ultimate disposition of which he may not know, and over which he can have no control—the constitutional weakness and physical defects of a patient and friend, in whom he may have great interest, and whose prospects he may not wish to disparage, much less to fatally injure. Yet the physician is, in fact, asked to do even thus much, to save a Corporation from the risk of a pecuniary loss.

For their own protection, the Company has, or should have, competent examining and consulting physicians, on whose investigations and judgment they should be willing to rely.

The relation between physician and patient is such, that a public parade of the former's knowledge and opinions, relative to the physical infirmities of the latter, may be accompanied, in almost every instance, with, to say the least, many serious objections. To medical men, these objections need be only alluded to. To such they are sufficiently obvious and obligatory. If they are not so to insurers, it may be from want of experience in that direction; but while they can obtain all needed information through their own examiners, without incurring these objections, they ought to be satisfied therewith.

In a word, Life Insurance Companies have *no right whatever* to make such demands of medical attendants, and it is quite time that the practice be discontinued.

A statement in the JOURNAL, MESSRS. Editors, of your opinions, or that of any of your correspondents conversant with these matters, may be of service to more than one in the profession. IATROS.

WE have received from the publishers, Messrs. Bradley & Webb, Cincinnati, the Physician's Pocket Memorandum for 1862, by C. H. Cleveland, M.D. It contains, besides the requisite pages for memoranda of daily practice, &c., a Classified List of Remedial Agents with their doses, with others not classified, a glossary of abbreviations used in prescriptions, directions for treatment in sudden emergencies—such as accidents, cases of poisoning and the like—rules for making autopsies, for the process of embalming dead bodies, and for prescribing medicines. We observe some carelessness in correcting proof, or something worse, by which such words as hæmatica, neurotica, myonotica, &c., are elsewhere printed hæmaticæ, neuroticæ, myonoticæ, &c. In the list of remedies and the subsequent table of abbreviations we find numerous instances of the want of the supervision of a classic eye. *Mortarum vitreo*, a glass mortar; *nominus*, a name; *omni mane*, every morning; *pediluvium ferventes*, a hot foot-bath; *præcæpue*, especially; *repentendus*, to be repeated; *saccharum alba*, white sugar; *succus pomum*, cider; *tempefactus*, made warm; *tussis molestante*, when the cough is troublesome; *utatus*, let him make use of; with numerous other instances equally aggravating, are too flagrant to be allowed to pass unchallenged. We like the general plan of the Memorandum, and hope next year to see it free from such gross blemishes.

CONSULTATION WITH HOMŒOPATHISTS. *Messrs. Editors*,—The communication of "Justitia" in the JOURNAL of the 28th ult., although perhaps intended to be severe upon me, is on many accounts quite gratifying. My first article was written with the hope of eliciting some such comments, or possibly an argument to prove that in certain cases (say surgical or obstetrical) it was right to shed all possible light on a benighted brother, but with much lurking fear that the truth of the charge was so notorious that no one would notice so stale an accusation. With many of my brother Radicals I had derived the impression that the faculty in Boston had settled down into the conclusion that homœopathy, though an error, was a necessary evil, and that it was useless to attempt to draw exact lines between men of large practice built upon such an error and those whose practice has grown up more legitimately, and that, if the man they were requested to consult with did not advance his special views directly and offensively, no one could expect them

to know him to be a homœopathist, or to treat him as other than a brother practitioner.

Having this impression, the bold denunciation of the custom by "Justitia," and his apparent ignorance that it exists in our State and Society, is gratifying, as it gives pleasing evidence that we are not wholly demoralized, and renders it probable that even if "the most able physicians, accoucheurs and surgeons of Boston" do, as I still assert, hold such meetings, it is not the universal practice, and that although my homœopathic neighbor *seems* to have no difficulty in obtaining advice and assistance in cases either medical, surgical or obstetrical, from your city, yet that he *does* occasionally meet with a rebuff.

As regards the paragraph on "duty," I can only say that that is generally more a matter to be settled by one's own conscience than one to be oracularly announced to him, and that, having no taste for complaints and arraignments, it does not appear to me to be my duty to enter upon any crusade in behalf of legitimacy by preferring charges against men older, wiser, and more highly esteemed in the profession than myself. Give me leave to call attention to the matter, protest loudly against the practice or combat vigorously the error, but pray excuse me from wasting my time and zeal in endeavoring to *punish* men whose standing in the profession is such that what might be proved against them would be looked upon only as an oversight or an error in judgment on their part.

It is not worth while to direct the virtuous indignation of "Justitia" and the *omne genus* of Radicals against any one man for such infractions of our laws when the offenders are so numerous, but it may do some good to call attention to the fact that such meetings and consultations are held, cannot be kept secret (the very homœopathists boasting of them), and are at variance with the Regulations of the Society of which the offenders are leading members. Not trials and penalties, O "Justitia," but a gradual elevation of professional "*esprit du corps*" must effect a change in these respects.

P. S.—Should "Justitia" find it to be *his* duty to pursue the offenders, he can at any time be furnished with the necessary data by calling upon

Yours truly,

R.

INDIA-RUBBER STOPPERS FOR BOTTLES. *Messrs. Editors*,—Has not your correspondent M. made a mistake in saying that these stoppers "for all liquids are more than a convenience—a positive luxury"?

Pure ether, nitric ether, naphtha, most of the volatile oils if not all, the fluid known as kerosolene, and turpentine, will be found to destroy the cork or be spoiled by it after a short time.

B.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, DECEMBER 14th, 1861.

DEATHS.

	Males.	Females	Total.
Deaths during the week,	26	36	62
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	36.0	36.5	72.5
Average corrected to increased population,	80.88
Deaths of persons above 90,

Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
15	1	1	1	9	0	0	2	0

METEOROLOGY.

From Observations taken at the Observatory of Harvard College.—For the week ending Dec. 7th.

Mean height of Barometer,	30.072	Highest point of Thermometer,	44.0
Highest point of Barometer,	30.616	Lowest point of Thermometer,	14.0
Lowest point of Barometer,	29.568	General direction of Wind,	North.
Mean Temperature,	29.6	Am't of Rain (inches), see next week.	

DEATHS IN BOSTON for the week ending Saturday noon, December 14th, 62. Males, 26—Females, 36.—Apoplexy, 1—inflammation of the brain, 1—bronchitis, 1—cancer, 3—cholera infantum, 1—consumption, 13—convulsions, 2—croup, 1—dropsy, 1—dropsy of the brain, 3—erysipelas, 1—scarlet fever, 1—typhoid fever, 2—disease of the heart, 1—infantile disease, 1—laryngitis, 1—congestion of the lungs, 1—inflammation of the lungs, 9—marasmus, 3—miscarriage, 1—old age, 1—orthopneua, 1—suffocation, 2—suicide, 1—teething, 1—ulcer (of stomach), 1—unknown, 5—whooping cough, 1.

Under 5 years of age, 25—between 5 and 20 years, 3—between 20 and 40 years, 16—between 40 and 60 years, 10—above 60 years, 8. Born in the United States, 46—Ireland, 13—other places, 3.